<b>Tickets</b>	Provided	by
Agency	Report	

## **A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name	Date Stamp California Q 0 2		
City of Fresno	· Form OUZ		
Division, Department, or Region (if applicable)	For Official Use Only		
Facilities & Major Projects Division			
Street Address			
2101 G Street, Bldg. A, Fresno, CA 93706			
Area Code/Phone Number E-mail	Amendment (Must explain in Part 5.)		
559-621-1487 facilitiesmgmt@fresno.gov	C American (wast explain in r all 5.)		
Agency Contact (name and title)	Date of Original Filing:		
Melodee Schwamb, Management Analyst III	(		
2. Event For Which Tickets Were Distributed			
Date(s) of Event: 05 / 02 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets			
Agency Event ☐ Yes ☑ No (Identify source of tickets below.)			
Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC			
Number of Tickets Received: 12 Ticket(s) Provided to Agency: ☐ Gratuitously ☑ Pursuant to Contract			
3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)			
	her the Distribution is Income to the Official or		
	Describe the Public Purpose for the Distribution		
Sterling, Cynthia 12 To distribu	according to section 18944.1		
	to addition 10044.1		
4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)			
Name of Behesting Agency Official: Councilmember Cynthia Sterling, District 3			
Name of Individual or Organization: Latvin Invincy Lec. Leader Number of Tickets: 12			
Description of Organization: Frank H. Ball Community Center			
Address of Organization:     160   Mayor   Hule   Fresho   Ca   93100     Number and Street   City   State   Zip Code			
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)			
Promotion of city-controlled or sponsored events, activities or programs.			
5. Verification			
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.			
Parel J. Jones CARIL Topros Chint of CLAFE 5/11/10			
Signature of Agency Head or Designee Print Name Title (month, day, year)			
Comment: (Use this space or an attachment for any additional information including amendment explanation.)			